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      ---  -----  -----------
? set hi ;set hi
HILIGHT set on as ''
HILIGHT set on as ''
? b 155 55 scisearch 340
       15dec03 10:19:39 User231882 Session D1250.2
            $0.00    0.073 DialUnits File410
     $0.00  Estimated cost File410
     $0.08  TELNET
     $0.08  Estimated cost this search
     $0.08  Estimated total session cost   0.226 DialUnits

SYSTEM:OS  - DIALOG OneSearch
  File 155:MEDLINE(R)  1966-2003/Nov W4
         (c) format only 2003 The Dialog Corp.
*File 155: Medline has temporarily stopped updating (12-2003).
Please see HELP NEWS 154 for details.
  File  55:Biosis Previews(R)  1993-2003/Dec W1
         (c) 2003 BIOSIS
  File  34:SciSearch(R) Cited Ref Sci  1990-2003/Dec W1
         (c) 2003 Inst for Sci Info
  File 434:SciSearch(R) Cited Ref Sci  1974-1989/Dec
         (c) 1998 Inst for Sci Info
  File 340:CLAIMS(R)/US Patent  1950-03/Dec 11
         (c) 2003 IFI/CLAIMS(R)
*File 340: Enter HELP NEWS340 & HELP ALERTS340 for search,
 display & Alert information.

      Set  Items  Description
      ---  -----  -----------
```

note: Eder tech production of Ab to PSA in prostate cancer patients. to a specific 9 mer peptide from PSA.

```
? ds

Set     Items   Description
S1       1041   (PSA OR PROSTATE(W)SPECIFIC(W)ANTIGEN)(5N)ANTIBOD?
S2   13043671   PATIENT OR HUMAN
S3        723   S1 AND S2
? s autoantibod?
      S4   92056  AUTOANTIBOD?
? s s3 and s4
            723  S3
          92056  S4
      S5      9  S3 AND S4
? rd
>>>Duplicate detection is not supported for File 340.

>>>Records from unsupported files will be retained in the RD set.
...completed examining records
      S6      7  RD (unique items)
? t s6/3,k,ab/1-7
```

6266643 89282637 PMID: 2471962

Development of monoclonal **antibody** imaging of metastatic prostatic carcinoma.

Meyers F J; Denardo S J; Macey D; White R D; Unger M

Department of Internal Medicine, Davis Medical Center, University of California, Sacramento.

Prostate (UNITED STATES) 1989, 14 (3) p209-20, ISSN 0270-4137 Journal Code: 8101368

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Indium-111-labeled monoclonal **antibody** directed against **prostate-specific antigen** was **injected** into ten patients with known prostatic carcinoma, nine with metastatic disease. The monoclonal **antibody** scan was compared to the standard technetium bone scan, and both were correlated to clinical status and to 2-year follow-up. The ratio of target-to-nontarget activity and pharmacokinetics of the radiolabeled **antibody** were determined. Based on these findings we are hopeful that modifications of this radiolabeled **antibody** approach may be used for staging and may be developed as a therapeutic adjuvant.

Development of monoclonal **antibody** imaging of metastatic prostatic carcinoma.

Indium-111-labeled monoclonal **antibody** directed against **prostate-specific antigen** was **injected** into ten patients with known prostatic carcinoma, nine with metastatic disease. The monoclonal **antibody** scan was compared to the standard technetium bone scan, and both were correlated to clinical...

6978577 91219085 PMID: 2090986

Uveitis induced by various cross-reactive antigens in guinea pigs.

Sasaki K; Sanui H; Inomata H

Department of Ophthalmology, Faculty of Medicine, Kyushu University, Fukuoka, Japan.

Ophthalmic research (SWITZERLAND) 1990, 22 (5) p330-6, ISSN 0030-3747 Journal Code: 0267442

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

In order to investigate possible immunopathogenic mechanisms in the recurrence of uveitis, cross-reactive proteins were tested for their capacity to induce experimental uveitis. Guinea pigs were immunized with porcine serum albumin (PSA) in complete Freund's adjuvant (CFA) by subcutaneous injection. Fourteen or 28 days after the immunization, PSA, bovine (BSA), sheep (SSA), equine (ESA), rabbit (RSA) serum albumin, bovine gamma globulin (BCG) or ovalbumin (OA) was injected into the vitreous. Uveitis occurred in the eyes **injected** with **PSA**, BSA, SSA, ESA or RSA, but not BGG or OA. Serum **antibodies** and erythematous delayed-type skin reactions against PSA, BSA, SSA, ESA and RSA were positive in animals immunized with PSA in CFA. In an adoptive transfer study, humoral and cellular immunity recognized cross-reactive antigens and uveitis developed. Once a guinea pig is sensitized, uveitis may occur or recur from subsequent intravitreal challenge by antigens that are not completely the same but have a cross-reactivity with the immunizing antigen.

A phase I trial of a recombinant vaccinia virus expressing prostate-specific antigen in advanced prostate cancer.

Eder J P; Kantoff P W; Roper K; Xu G X; Bubley G J; Boyden J; Gritz L; Mazzara G; Oh W K; Arlen P; Tsang K Y; Panicali D; Schlom J; Kufe D W

Dana-Farber Cancer Institute, Department of Medicine, Brigham and Women's Hospital, Boston, Massachusetts 02115, USA.

Clinical cancer research - an official journal of the American Association for Cancer Research (UNITED STATES) May 2000, 6 (5) p1632-8, ISSN 1078-0432 Journal Code: 9502500

Contract/Grant No.: UO-CA62490; CA; NCI

Document type: Clinical Trial; Clinical Trial, Phase I; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

A recombinant vaccinia virus encoding human **prostate-specific antigen** (rV-**PSA**) was **administered** as three consecutive monthly doses to 33 men with rising PSA levels after radical prostatectomy, radiation therapy, both, or metastatic disease at presentation. Dose levels were 2.65 x 10(6), 2.65 x 10(7), and 2.65 x 10(8) plaque forming units. Ten patients who received the highest dose also received 250 microg/m2 granulocyte-macrophage colony-stimulating factor (GM-CSF) as an immunostimulatory adjunct. No patient experienced any virus-related effects beyond grade I cutaneous toxicity. Pustule formation and/or erythema occurred after the first dose in all 27 men who received > or =2.65 x 10(7) plaque forming units. GM-CSF administration was associated with fevers and myalgias of grade 2 or lower in 9 of 10 patients. PSA levels in 14 of 33 men treated with rV-PSA with or without GM-CSF were stable for at least 6 months after primary immunization. Nine patients remained stable for 11-25 months; six of these remain progression free with stable PSA levels. Immunological studies demonstrated a specific T-cell response to PSA-3, a 9-mer peptide derived from PSA. rV-PSA is safe and can elicit clinical and immune responses, and certain patients remain without evidence of clinical progression for up to 21 months or longer.

11694088 99129816 PMID: 9933036

Recombinant vaccinia-PSA (PROSTVAC) can induce a prostate-specific immune response in androgen-modulated human prostate cancer.

Sanda M G; Smith D C; Charles L G; Hwang C; Pienta K J; Schlom J; Milenic D; Panicali D; Montie J E

Department of Surgery/Urology and Comprehensive Cancer Center, University of Michigan School of Medicine, Ann Arbor 48109-0330, USA.

Urology (UNITED STATES) Feb 1999, 53 (2) p260-6, ISSN 0090-4295 Journal Code: 0366151

Contract/Grant No.: 1P50 CA69568; CA; NCI; M01-RR00042; RR; NCRR; R29 CA71532-01; CA; NCI

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

OBJECTIVES: Prostate cancer recurrence, evidenced by rising prostate-specific antigen (PSA) levels after radical prostatectomy, is an increasingly prevalent clinical problem in need of new treatment options. Preclinical studies have suggested that for tumors in general, settings of minimal cancer volume may be uniquely suitable for recombinant vaccine therapy targeting tumor-associated antigens. A clinical study was undertaken to evaluate the safety and biologic effects of vaccinia-**PSA** (PROSTVAC) **administered** to subjects with postprostatectomy recurrence of prostate cancer and to assess the feasibility of interrupted androgen deprivation as a tool for modulating expression of the vaccine target antigen, as well as detecting vaccine bioactivity in vivo. METHODS: A limited Phase I clinical trial was conducted to evaluate the safety and biologic effects of vaccinia-**PSA administered** in 6 patients with androgen-modulated recurrence of prostate cancer after radical prostatectomy. End points included toxicity, serum PSA rise related to serum testosterone restoration, and immunologic effects measured by Western blot analysis for anti-PSA **antibody** induction. RESULTS: Toxicity was minimal, and dose-limiting toxicity was not observed. Noteworthy variability in time required for testosterone restoration (after interruption of androgen deprivation therapy) was observed. One subject showed continued undetectable serum PSA (less than 0.2 ng/mL) for over 8 months after testosterone restoration, an interval longer than those reported in previous androgen deprivation interruption studies. Primary anti-PSA IgG **antibody** activity was induced after vaccinia-PSA immunization in 1 subject, although such **antibodies** were detectable in several subjects at baseline. CONCLUSIONS: Interrupted androgen deprivation may be a useful tool for modulating prostate cancer bioactivity in clinical trials developing novel biologic therapies. Immune responses against PSA may be present among some patients with prostate cancer at baseline and may be induced in others through vaccinia-PSA immunization.

... antigens. A clinical study was undertaken to evaluate the safety and biologic effects of vaccinia-**PSA** (PROSTVAC) **administered** to subjects with postprostatectomy recurrence of prostate cancer and to assess the feasibility of interrupted...

...Phase I clinical trial was conducted to evaluate the safety and biologic effects of vaccinia-**PSA administered** in 6 patients with androgen-modulated recurrence of prostate cancer after radical prostatectomy. End points...

... to serum testosterone restoration, and immunologic effects measured by Western blot analysis for anti-PSA **antibody** induction. RESULTS: Toxicity was minimal, and dose-limiting toxicity was not observed. Noteworthy variability in...

... interval longer than those reported in previous androgen deprivation interruption studies. Primary anti-PSA IgG **antibody** activity was

induced after vaccinia-PSA immunization in 1 subject, although such **antibodies** were detectable in several subjects at baseline. CONCLUSIONS: Interrupted androgen deprivation may be a useful...
; Androgen Antagonists--therapeutic use--TU; **Antibodies**--blood--BL; Cancer Vaccines--therapeutic use--TU; Prostate-Specific Antigen--blood--BL; Prostate-Specific Antigen...
Chemical Name: Androgen Antagonists; **Antibodies**; Cancer Vaccines; Vaccines, Synthetic; Prostate-Specific Antigen

10/3,K,AB/7 (Item 7 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

855915 99297012 PMID: 10368631

Intravenous **injection** of an immunoconjugate (anti-**PSA**-IgG conjugated to 5-fluoro-2'-deoxyuridine) selectively inhibits cell proliferation and induces cell death in human prostate cancer cell tumors grown in nude mice.

Sinha A A; Quast B J; Reddy P K; Elson M K; Wilson M J
Department of Genetics, University of Minnesota, St. Paul, USA.

Anticancer research (GREECE) Mar-Apr 1999, 19 (2A) p893-902, ISSN 0250-7005 Journal Code: 8102988
Contract/Grant No.: DK-51348; DK; NIDDK
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed

would not use as 102 bcc. print date 6/98

Current chemotherapeutic and/or endocrine treatments for adenocarcinoma of the prostate are not delivered selectively to prostate cancer cells, therefore, they are used in very high doses that induce many unpleasant side effects in patients. New approaches are, therefore, needed to deliver drugs directly to prostate cancer cells to improve treatment effects. We hypothesized that **antibody** immunoglobulin G (IgG) against human prostate specific antigen (PSA) (anti-PSA-IgG) could function as a carrier protein for conjugated chemotherapeutic drugs (such as 5-fluoro-2'-deoxyuridine, doxorubicin, etc.) and that the immunoconjugate could be delivered selectively to PSA-producing neoplastic prostate. Immunoconjugate would then preferentially inhibit cell proliferation and induce cell death in PSA-producing tumor cells, but not in non-PSA-producing prostate cancer cells or other solid organs of the host. The short-term treatment effect could be assessed by measuring cell death and cell proliferation in tumor-bearing animals. We tested our hypothesis by intravenously **injecting** an immunoconjugate (anti-**PSA** -IgG-5-fu-2'-d) into nude mice with subcutaneous PSA-producing LNCaP or non-PSA-producing Du-145 prostate tumors. During 5 days of treatment, we observed that immunoconjugate was retained preferentially in PSA-producing LNCaP tumors where it produced cytotoxic effects in neoplastic prostate cells as revealed by decreased cell proliferation and increased cell death, but similar effects were not observed in non-PSA-producing Du-145 tumor

cells or mouse organs. Analysis of untreated control mouse with LNCaP tumor, anti-PSA-IgG alone, anti-irrelevant-IgG-drug complex, and drug alone treatments indicated that there was little or no cytotoxic effects of these treatments on LNCaP and Du-145 tumors, and host organs. Our analysis of control and experimental data showed that the immunoconjugate was highly specific in imparting cytotoxic effects on LNCaP prostate tumors, but not on Du-145 tumors and mouse organs. Thus, we have shown that the immunoconjugate selectively delivered a chemotherapeutic drug to PSA-producing prostate tumor cells where it produced measurable cytotoxic effects on cell proliferation and cell death. This is the first report to show a successful delivery of a chemotherapeutic drug in the immunoconjugate to PSA-producing LNCaP prostate tumors in nude mice and without inducing cytotoxic effects on mouse organs.

```
? s (administer? or inject?)(5n)(PSA or prostate(w)specific(w)antigen)
          557064  ADMINISTER?
         1024602  INJECT?
           27862  PSA
          159841  PROSTATE
         2301927  SPECIFIC
          769551  ANTIGEN
           29917  PROSTATE(W)SPECIFIC(W)ANTIGEN
      S7     214  (ADMINISTER? OR INJECT?)(5N)(PSA OR
                  PROSTATE(W)SPECIFIC(W)ANTIGEN)
? s antibod?
      S8 1437474  ANTIBOD?
? s s7 and s8
             214  S7
         1437474  S8
      S9      49  S7 AND S8
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 10/3,K,AB/1     (Item 1 from file: 155)
```

2.

08675431 95364031 PMID: 7543596

Autoantibodies to prostate specific antigen in patients with benign prostatic hyperplasia.

Zisman A; Zisman E; Lindner A; Velikanov S; Siegel Y I; Mozes E
Urology Department, Assaf-Harofeh Medical Center, Zerifin, Israel.

Journal of urology (UNITED STATES) Sep 1995, 154 (3) p1052-5, ISSN 0022-5347 Journal Code: 0376374
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed

PURPOSE: We tested for a possible autoimmune process in benign prostatic hyperplasia (BPH). MATERIALS AND METHODS: Titers of IgG **antibodies** to **prostate specific antigen** (**PSA**) were measured in the sera of 85 BPH patients, 20 controls and 17 chronic prostatitis patients by enzyme-linked immunosorbent assay. RESULTS: The mean anti-PSA titers in the BPH group were significantly higher than in the controls and prostatitis group ($p < 0.0005$). Accordingly, 59% of BPH patients could be defined as responders to PSA compared to none among the controls ($p < 0.0005$). CONCLUSIONS: Circulating **autoantibodies** to PSA were shown to exist in the sera of BPH patients. This observation suggests that autoimmune processes may have a role in BPH.

Autoantibodies to prostate specific antigen in patients with benign prostatic hyperplasia.

... a possible autoimmune process in benign prostatic hyperplasia (BPH). MATERIALS AND METHODS: Titers of IgG **antibodies** to **prostate specific antigen** (**PSA**) were measured in the sera of 85 BPH patients, 20 controls and 17 chronic prostatitis...

... as responders to PSA compared to none among the controls ($p < 0.0005$). CONCLUSIONS: Circulating **autoantibodies** to PSA were shown to exist in the sera of BPH patients. This observation suggests...

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 ds

Set      Items   Description
S1        1041   (PSA OR PROSTATE(W)SPECIFIC(W)ANTIGEN)(5N)ANTIBOD?
S2    13043671   PATIENT OR HUMAN
S3         723   S1 AND S2
? s autoantibod?
      S4   92056  AUTOANTIBOD?
? s s3 and s4
             723  S3
           92056  S4
      S5       9  S3 AND S4
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>>>Duplicate detection is not supported for File 340.

>>>Records from unsupported files will be retained in the RD set.
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